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CONFIRMATION NO. 9526

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/722,322	<b>FILING OR 371(c) DATE</b> 11/24/2003 <b>RULE</b>	<b>CLASS</b> 362	<b>GROUP ART UNIT</b> 2875	<b>ATTORNEY DOCKET NO.</b>	
<b>APPLICANTS</b> Robert Clark Maxwell, Paradise, CA, Deceased; Katherine O. Maxwell, Paradise, CA, Legal Representative; David Dwayne Echeberry, Paradise, CA; Dennis Kenneth Rausch, Paradise, CA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/454,975 03/17/2003 * (*)Data provided by applicant is not consistent with PTO records.					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 02/27/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 41313					
<b>TITLE</b> Apparatus and method for minimizing or eliminating shadows in display devices					
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		